### 

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: LVQ Kodriguez Vierq
Participant's Address: OS (arr 485 Quebradi los)
Participant's Email Address: Mone
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:  Claim Number:  Nature of Claim:  PROMESO TITLE
By: X Eva X. Rodriguez Viera Signature  Eva Print Name  Viera Print Name
Print Name  Title (if Participant is not an individual)  XQUQ 13, 2021.  Date



Participant must provide all of the information below in English:

	s contact information,	including email address	ss, and that of	ns counsei,
if any: Participant's Name:	Carolyn	Vizcarron 582 Cules	do Ca	arrille
Participant's Address:	P.O. Box	582 Cules	hm. PA	0077
Participant's Email Addres				
	s. <u>Violetire</u>	mee 5 to quite	<i>10-201</i>	
Name of Counsel:	-			
Address of Counsel:				
Email Address of Counsel:		189012011		
2. Participant's		ne nature of Participant		
Claim Number:	^	3283-LT	5	
Nature of Claim:	Promesa	Title 111	2	
By: Carolyn Us	eauondr		SA SA	ECE
Carolyn Viz			ZSTR	K
Print Name	carron do		ACC P	80
Time reame			PER Y	CEIVED & FILED
Title (if Participant	is not an individual)		5	i di
agust 11,	2021			
Date				

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Dirección

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CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN, P.R

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#### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Pro se Notices of Participation Page 5 of 108

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Edna V. Has González
Participant's Address: 5201 Par Dr. Apt. 1126 Denton TX,
Participant's Email Address: Mased na Dhot mail & Com 7620 2
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 1742 90
Nature of Claim: Claim based on money withheld from my
By: Ednal ka Howale pay during service year
Edna V. Has González
Print Name
200 R
Title (if Participant is not an individual)
Date Date

NORTH TEXAS TX 750 7 AUG 2021 PM 7 L

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1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Mana S. Radiguez Rivas UVS villa de Patilles 125 calle como Patilles
Participant's Address:	UNS villa de Patilles 125 calle iver à Patilles
Participant's Email Add	Iress: N/A
Name of Counsel:	Francisco Belfran Cintron
Address of Counsel:	
Email Address of Coun	sel:
2. Participa	ant's Claim number and the nature of Participant's Claim:
Claim Number:	63733
Nature of Claim:	Notice of intent to participate in Net is covery for common wealth plan continuation
By: Marl.	Deg as for commonwealth plan continuation
Sygnature	
Mana 5. 14	schique Rre SANTENTE
Finit Name	TRICO TO SO
Title (if Particip	pant is not an individual)
13 Jagus h	12021 E E
Date	

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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:			
Participant's Name:	Edwin C. Rivera Deputet		
Participant's Address:	calle 10 Blog. 31-7 URB. VIlla Car	rolina	1
Participant's Email Address:	eriverazuadonica ar gov Pecriverasy	agno	41/-
Name of Counsel:		<i>J.</i>	
Address of Counsel:		=	
Email Address of Counsel:			
2. Participant's (	Claim number and the nature of Participant's Claim:		
Claim Number:	59754	Mc	
Nature of Claim:	Persion Retiree Claims		
By: Signature	SAN	PIDT AUG	
	era lepullet	- 6 - ED &	
Print Name			
Title (if Participant is	The state of the s	ED 46	
Date			

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SAN JUAN, P.K.

STRICT COL

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:				
Participant's Name:	Blas Canino	Mojica		
Participant's Address:	Blas Canino HC+6 Box 585	1 Dorado PR	.00646	
Participant's Email Address: _				
Name of Counsel:				
Address of Counsel:				
Email Address of Counsel:		17/21 K-11		
2. Participant's Cl	aim number and the na	ture of Participant's	Claim:	
Claim Number:	, cz., kużt			
Nature of Claim:  By: Blas Canin  Signature	Dublic employee  Divica	and Pension	/vefire	RECEIVED RECEIVED
Print Name	142 E		MAN, SI	P 20
Title (if Participant is no Date)	ot an individual)			S. CEO

Donato P. R. 20646

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### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc Pro se Notices of Participation Page 13 of 108

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	0						
Participant's Name:	Hi/Ka	M. (	ge da	Rivera			
Participant's Name: Participant's Address: Participant's Email Address:	Apt 970	, M	provis	8.00	068	77	
Participant's Email Address:	Die dam z	011 6	Dautol	ook. Con	,		
Name of Counsel:							
Address of Counsel:							
Email Address of Counsel:	¥						
2. Participant's Cl	laim number and	d the natur	e of Particip	ant's Claim:			
Claim Number:							
Nature of Claim:  By: Signature	A lin			20. C	7971	RECEIV	
Print Name  Title (if Participant is not participant)  Il de Agos de Date		)		TIKE'S OFFICE DISTRICT COUR AN JUAN, E.K	AUG 16 PH 5: 46	EIVED & FILES	

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Charcén Sta, 150 5.5. P.R.



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### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc Pro se Notices of Participation Page 15 of 108

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Diedan 2011 @ Qub look . com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Print Name

Title (if Participant is not an individual)

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2021 AUG 16 PM 5: 46

CLERK'S OFFICE
SAN JUAN, P.R.

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United States District Court, Clark's Office 150 auc. Corles Chardon Ste, 150 5. J. P. R.



### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc Pro se Notices of Participation Page 17 of 108

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:
Participant's Name: Mayra Rivera Garcia
Participant's Address: P. O. Box 5 lule, Villalba P. ROO744
Participant's Email Address: <u>Viveragarcia mayra 3035 a) amail com</u>
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: No. 17 BK 3283-LTS Ley 89 12 dejuli
Nature of Claim: Ley de Retribución uniforme de 19
By: Maya Brien Garcia Oticing Central
Mayor Rivera Garcia
Print Name
Oticinista Micanograta 1 ( 58% 5 8 )
Title (if Participant is not an individual)
13 de agosto de 2021
Instruvetions for Filing Notice of Doutisingtion, If you are represented by sourced this Notice

RECEIVED & FILED

PH 5: 46 2021 AUG 16

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150 Ave. Carlos Chardon

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### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc Pro se Notices of Participation Page 19 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	Glorisel Negron Martinez	2
Participant's Address:	Urb. Las Flores C-8 Calle 3 J.D., P.K	079!
Participant's Email Address:		011.
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:	Claim for money owned of passed laws of that I'm entitled to due to my years of	
2. Participant's C	Claim number and the nature of Participant's Claim: Service Nov 13	3,1992 ine 2
Claim Number:	97984 202	(1)
Nature of Claim;	Second	_ 1/
By:	English in the Depart	
Signature Calorise Ne	gron Martinez of Educati	10m
Print Name	grow Truerto	Rice
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Title (if Participant is	22 or F	
august 11,2	2021	

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Ave. Carlos Chardon Ste. 150

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### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc: Pro se Notices of Participation Page 21 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Nemesia Figueroa Cruz Participant's Name: A-6 Calle P.R. Urb. Las Antillas, Salinas P.R.00751 Participant's Address: Participant's Email Address: luzeneida 1954@g mail.com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: Title (if Participant is not an individual) Date

Nemesia Figuera Cruz Urb. Las Antillas Salinas, P. R. 00751

Carlos Chardon Ste, 15 Clerk Office 150 Ave. United States District Court

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### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc: Pro se Notices of Participation Page 23 of 108

Participant must provide all of the information below in English:

•	contact information, including email address, and that of its co	Junsei,
if any:	D 11 1 D 1-11	
Participant's Name:	Ruben Muniz Ruberte	
Participant's Address:	DONCE 1006 (correctional complex 3 L 149 3699 Ponce By Pass, Pance, P.R \$4728-1509	
Participant's Email Address:	None	
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's 0	Claim number and the nature of Participant's Claim:	
Claim Number:	3399	
Nature of Claim:	Communwealth of P.R. / negligent & injury	(ACAA
By: <u>Muhen Muri</u> Signature	i2 huserte	RECEIV
Signature Lubin Muñiz	Rebote Est	EIVE
Print Name		% □
Title (if Participant is	not an individual)	
August 4, 2	.\$21	
Date /		

Lubin Muñiz Rubulc Institución Pance 1849 31 199 3699 Pance by Pass Jama, P. R. 89728-1549

United States District Court
Clerk's Office

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### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc Pro se Notices of Participation Page 25 of 108

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	JORGE A. COLO.	y Elones
Participant's Address:	PARCELAS SABA	LCEDITA, P.R. SON
Participant's Email Addres	is:	L(EDITIO, P. OL OO)
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel	- Sixing	
2. Participant'	s Claim number and the nature of Parti	cipant's Claim:
Claim Number:	17 BK 3283 L7	5
Nature of Claim:	Charles Colored To	
By: Signature	Colon Flores	TOUL A
Jop 68 A. Print Name	COLON FLORES	ECEIVED (S. DISTRICT)
No.		6 PH 5: 4
Title (if Participant	is not an individual)	是 5. 图
08-11-2	150	7
Date		

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SAN JUAN PR 009

### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc: Pro se Notices of Participation Page 27 of 108

1.

Participant must provide all of the information below in English:

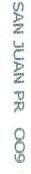
Participant's contact information, including email address, and that of its counsel,

ii any.	
Participant's Name:	Arlene Reyes Lorada
Participant's Address:	Hc-1 Box 29030 PMB 72 (aguas, PK 0072 avlene. reges 0219 6g mail-com
Participant's Email Address:	arlene. reges 0219 69 mail-com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
	laim number and the nature of Participant's Claim:
Claim Number:	152765
Nature of Claim:	administrative Claim of wase claim
By: <u>Orlen Reyr</u> Signature  Aylene Reyr Print Name	RECEIVED & FILLERY'S OFFICE SAN JUAN. PE
Title (if Participant is	ot an individual)
Date Q45us	+11,2021

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United States District Court Clerk's OFFice 150 Que Carlos Chardin Suite 150 Santuan, M 60918-1767 միրվակիկիկիսակվիրուկնուհիրորժ<sub>ո</sub>ւհիրոր





### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc: Pro se Notices of Participation Page 29 of 108

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	A 11	$\bigcirc$ .				
Participant's Name:	Hrnaldo	Solivan	todrigu	12		_,
Participant's Address:	60 Savas	dga aire	#4-19 BI	ngha	mtor	1
Participant's Email Address:	Solivann	salyn2a	gmail c	om.		
Name of Counsel:		, a				<del></del> 8
Address of Counsel:						
Email Address of Counsel:						
2. Participant's 0	Claim number and	the nature of Pa	articipant's Claim	1.		
Claim Number:	17055	4				
Nature of Claim:	7.11.		( <i>G</i> )	2021	REC	
By: Signature	Profil.	<b>'</b>	\$18TR	S. MET. 90V	EIVED	
Arrado Soliva Print Name	an Rodngue	25	A. P. COU.	0FF07	& FILED	
Title (if Participant is	not an individual	)		47	· Carrier	
agosto 9, de	e 2021	, ,				

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## Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc: Pro se Notices of Participation Page 31 of 108

Participant must provide all of the information below in English:

1. Farucipant's conta	ct information, including email address, and that of its counsel,
if any:	Beatriz Ruiz Soto
Participant's Name:	
Participant's Address:	b. Cataluña G-31 Calle-1 Borcelonta Pa
Participant's Email Address:	Hyoruiz1571 Ogmail.com
Name of Counsel:	<u> </u>
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim	number and the nature of Participant's Claim:
Claim Number:	
Nature of Claim:	
Ву:	Federal Tap  Tal No 348 [ 5]
Signature	
	Folge 1 Ton 200 80
Print Name	- 242B
	Tal No 348 5
Title (if Participant is not as	7
Date	

2021 AUG 16 PM 5: 47 LEAK'S OFFICE DISTRICT COUR SAN JUAN, P.E.

### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc Pro se Notices of Participation Page 33 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Papp \_ a a halmal . Com

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

1764.22

Nature of Claim:

Breach of the law promise haw &q-1979, &q-1995, 96-2000

By: Signature

Evelyn Marales Figueroa

Print Name

Public Employee Claims

Title (if Participant is not an individual)

13 Se parate de 2021

P.D. Box 181 Comerio, P.R. 00782

Carlos Chardon Ste. 150, San Juan, P.R. 20918-1767



# Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc: Pro se Notices of Participation Page 35 of 108

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

if any:	
Participant's Name:	Julia De Leon
Participant's Address:	201 East 28 Street 4K NYN
Participant's Email Address: _	DR. Laviena Egmail. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	s en moss
Claim Number: Nature of Claim:	
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Nature of Claim:  By: Quia Loo	Sylvania service servi
Nature of Claim:  By: Signature  Tulia Da	SAH JUAN SERVICE SERVI

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# Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc Pro se Notices of Participation Page 37 of 108

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	Cruz Matos, Maria de	1 Carm	en		<del>-</del>
Participant's Address:	1261 36 S.E Rpto- N		5.5	P.R	00921
Participant's Email Address:	mitacruz 5750@gmai	1. com			-
Name of Counsel:		:a			_
Address of Counsel:					-
Email Address of Counsel:			-		_
2. Participant's C	laim number and the nature of Participa	ant's Claim:			
Claim Number:	80181				7)
Nature of Claim:	Promesa Title 111		1/31 PM	7021	7
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Signature			\$99 309	0	20
Print Name			一富富	čů .	
				17	Name /
Title (if Participant is	not an individual)				
Aug-14-202	<u> </u>				
Date					

María del C. Case: 17-03283-LTS Doc#: 17867-1 Filed: 08/17/21 Entered: 08/17/21 14:06:27 Desc: Pro se Notices of Participation Page 38 of 108
1261 365 E. Reto. Metro politano
5.1., P. R. 20921



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United States Distric Court Clerk's Office, 150 Ave. Carlos Chardon Ste. 150 San Juan, P.R. 00918-1767

# Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc: Pro se Notices of Participation Page 39 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:							
Participant's Name:	Noemi	Berr	105	Berric	0 5		
Participant's Address:	HC2	Box	4560	Berrie Villalba.	PR 607	46 =	7715
Participant's Email Address:	,	<del>6</del>					
Name of Counsel:		0		***************************************			
Address of Counsel:		<del>D</del>					
Email Address of Counsel:		6					
2. Participant's C	Claim numb	er and the	nature of	Participant's	Claim:		
Claim Number:	729	47	-		-		
Nature of Claim:	ROME	59-	Titul	OTT			
By: <u>Noemi Beur</u> Signature	Bens	<del></del>					
Print Name	1 /				SASASASAS	2021 AUG	RECE
Title (if Participant is	not an indi	vidual)			ISTRICT OF	NO 18 PM	RECEIVED & F
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Instructions for Filing Notice	e of Partic	ination: I	If you are	rangaantad b	aassmaal	<b>C</b> O	

He of Box 4560 Villalba, PR 00766-9715

Moemi Berrios Berrios

United States District Court clerk's office Court's Clerk's Office San Juan, V.R 00918-1767 150 Que Carlos Chardon Ste . 150

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# Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc: Pro se Notices of Participation Page 41 of 108

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

ii aiiy.	
Participant's Name:	Waria de la Avida Agosto
Participant's Address:	Usb ValleToline HIG Calle Jose I Quentoi Cagus PROD
Participant's Email Address:	machado veler pr@ yahoo.com
Name of Counsel:	PROSHAUER LOSE LLP
Address of Counsel:	Eleven Times Square New York, NY 10036
Email Address of Counsel:	N/A
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	17 BK 3283-LTS
Nature of Claim:	Demand to the Financial Oversight and manage
By: Marindels	Ment Board for Puerto Rico Us Commonwent
Signature	SAUCE A CE
Maria de los A l Print Name	Velez Ago No
Title (if Participant is	not an individual)
agat 13	, 2031
Date	

con Juan, 72. 00918-1767 50 Que. Carlos Chardon Ste. 150

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Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Pro se Notices of Participation Page 43 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Signature Title (if Participant is not an individual)

Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Pro se Notices of Participation Page 44 of 108

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# Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc Pro se Notices of Participation Page 45 of 108

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

Date

if any: COLON Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: RETIREE Nature of Claim By: CARLOSF. COLON SANTI Print Name Title (if Participant is not an individual)

- 2021 AUG 16

CLERK'S OFFICE S.DISTRICT COURT SAN JUAN, P.R.

UNITED STATES DISTRICT OFFICE

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150 Due.

SAN JUAN, P.R. 00918-1767

CARLOS CHARDÓN STE. 150

13 AUG 2021 PM-2

SAN JUAN PR 009

CARLOS F. COLÓN

P.O. Box 161

CAGUAS, P.R. 00726

### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc Pro se Notices of Participation Page 47 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel.

Participant's Name:

Participant's Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

Public Employee

Signature

Fight Adgado Gaman

Print Name

Title (if Participant is not an individual)

00919-170625 150 Ave. Castes Chardon Ste. 150 Jan Juan , FR 00918-1767 14 AUG 2021 PR 1 The state of the s SAN JUAN PR 009 LENK'S OFFICE DISTRICT COUR SAN JUNE 12 87 :S Hd SOZI VOC 16

### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc Pro se Notices of Participation Page 49 of 108

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:					
Participant's Name:	Delgado	Suzmán, R 216 Azucena	with Ingr	id	
Participant's Address:	Round Hill 1	216 Azucena	Truji Ho:	AHOT	).R
Participant's Email Address:					
Name of Counsel:	None				
Address of Counsel:	None				
Email Address of Counsel:	None	1382011			
2. Participant's C	Claim number and	the nature of Part	icipant's Claim	•	
Claim Number:	143882	# # # # # # # # # # # # # # # # # # #		=	
Nature of Claim:	Public En	ployee + 5	PensionT	etiree	~
By: Golfwelgad					
Signature			200	REI MEI	
Ruth Delado			SAN	2021 AUG 16	
Print Name				16	
			299	To De	
Title (if Participant is	not an individual	)	285	CO I	
Acquet 10,	2021		1000	00	
Date U					

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1216 Azucena
T-Alto PR
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Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc Pro se Notices of Participation Page 51 of 108

Participant must provide all of the information below in English:

1.	if any:	ontact information, including email address, and that of i	
Participant's	Name:	Ruth I. Delgado Guzman Pound Hill 1214 Azucena Trujin.	in Ma
Participant's	Address:	Lound Hill 1214 Haucena majin	VAINO
Participant's	Email Address:		
Name of Cou	insel:		e e
Address of C	ounsel:		
Email Addre	ss of Counsel:		
2.	Participant's C	Claim number and the nature of Participant's Claim:	TEC REC
Claim Numb	er:	Sen	E E
Nature of Cla	aim:	Public Employee	0 0
By: Signa	Delgack Hug	man - Para	PH S: 4
Print	Name Delga	do Guzman	9
Title	(if Participant is	not an individual)	
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COSTS-170EXE 14 AUG 2021 PM 1 A CONTRACTOR OF THE PARTY OF TH 000 SAN JURTER'S OFFICE CLEFK'S OFFICE CLEFK'S OFFICE RECE

### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc Pro se Notices of Participation Page 53 of 108

1.

Date

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 B/K 32 83 - LTS

Nature of Claim:

Payment of sick days the Payment of slick on health plan steps, etc

Signature

Lillian Timenez Mercado

Print Name

Retired teacher D. E

Title (if Participant is not an individual)

8/11/2021

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CLEAK'S OFFICE SAN JUAN. P. P. SAN JUAN

United States District Court,
Clerk's Office, 150 Ave. Carlos Chardon

SAN JUAN PR

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### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc Pro se Notices of Participation Page 55 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any.	
Participant's Name:	Ignacio Alezs Ruiz
Participant's Address:	HeIBOR 9123, SON SEBASTIAN, PR 00685
Participant's Email Address:	ignacialers 5@g Nail-Com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	169911
Nature of Claim:	Debts Claimed Department UF Haricut
By: Figure Oler Signature	RECEIVED RECEIVED
Tanacio Alui Print Name	200 go 10
Title (if Participant is	The state of the s
0/13/2/ Date	

IGNACIO ALERS RUIZ HC 1 BOX 9123 SAN SEBASTIAN, PR 00685

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SAN JUAN, PR 00918-1767

150 AVE . CARLOS CHARDON STE. 150,

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OFFICE UNITED STATE DISTRICT COURT, CLERK'S NOTICE TO THE COURT'S CLERK'S OFFICE AT:

SAN JUAN PR 009

13 AUG 2021 PM 2 L

### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc Pro se Notices of Participation Page 57 of 108

Participant must provide all of the information below in English:

1.

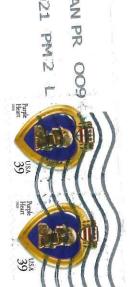
Participant's contact information, including email address, and that of its counsel,

if any:			
Participant's Name:	Elizabeth Sontiago 6	hierrez	di —
Participant's Address:	La Pondivosa Calla	- Lavedo bob Ron	Le PF
Participant's Email Address	: idagutien 69 au go	mail. com	
Name of Counsel:			_
Address of Counsel:		and the second s	
Email Address of Counsel:	The second of th		_
2. Participant's	Claim number and the nature of Particip	oant's Claim:	
Claim Number:	17BK3283-1TS		_
Nature of Claim:	Jointly administered	Promesa Tithe	1))
By: Challette Se Signature	The States	VED & 6 16 P STRICT STRICT N JUAN	
Eliza beth Print Name	Santiago Cutierrez	FILED FILED	
The state of the s			
Title (if Participant i	s not an individual)		
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### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc Pro se Notices of Participation Page 59 of 108

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

Participant's Name:

Participant's Address:

Participant's Email Address:

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Participant's Email Address:

Sevenhouses & Jahoo com

Participant's Claim Address:

Sevenhouses & Jahoo com

Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Participant's Claim number and the nature of Participant's Claim:

Title (if Participant is not an individual)

Participant's Address:

Participant's Address:

Participant's Email Address:

Participant's Claim number and the nature of Participant's Claim:

Participant's Claim number and the nature of Participant's Claim:

Title (if Participant is not an individual)

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# Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc: Pro se Notices of Participation Page 61 of 108

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Participant's Name: urbicalins de Participant's Address: Participant's Email Address: 6/,2016 Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Signature Print Name Title (if Participant is not an individual)

U.S. DISTRICT SAN JUAN. C.R. 60693 07 Fice, 150 Ave. Carlos Chardon Ste. 50, SAN Juan F.R. 00918-1767 At united States District Court, Clerk's

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# Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Pro se Notices of Participation Page 63 of 108

Participant must provide all of the information below in English:

1

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Mayra I. Orfiz Vazquez
Participant's Name: Mayra I. Orfiz Vazquez  Participant's Address: José de Diego # 9 Salinas, P.R. 00151
Participant's Email Address: ortizmayra 48@ yahoo.com
Name of Counsel: $N/A$
Address of Counsel: MA
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 1703576
Nature of Claim: Public Employee and Pension Retiree Claims
By: Mayra I. Ortiz Varquez  Print Name  By: Varquez
Print Name
Title (if Participant is not an individual)
Title (if Participant is not an individual)
Date 8/13/2021

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### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc Pro se Notices of Participation Page 65 of 108

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Sevenhouse's Quahoo com

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Participant's Claim number and the nature of Participant's Claim:

Participant's Claim number and the nature of Participant's Claim:

Title (if Participant is not an individual)

14 Ago (2021)

Juan 11 h, 00918 -3956

Court's Clock Office United States District Court Saw Jean 1. B. 00918-1767 150 Am Carlor Chardon Ste 150



Participant must provide all of the information below in English:

1.

Date

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Participant's Claim number and the nature of Participant's Claim:

Public Employee and fension Returns

Signature

Luz E. Vazquez Vazquez

Print Name

Title (if Participant is not an individual)

Luz E. Vozquez Vazque

A-6 Calle Puerto Rico

Balinasse P. R. 00751

Salinasse P. R. 00751

SAN JUAN, P. F.

Clerk office
150 Ave. Carlos Chardon, 150
San Juan P. R. 20918-1767

SAN JUAN PR 009



# Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Pro se Notices of Participation Page 69 of 108

Participant must provide all of the information below in English:

1.

1. Participant's c if any:	contact information, including email address, and that of its counsel,
Participant's Name:	Jose H. Franceschi Sech
Participant's Address:	Calle Sawta Monica# 4203 Ext. Sant
Participant's Email Address:	J franceschi Sech R & Mail: Com. 007
Name of Counsel:	OWN right
Address of Counsel:	NIR
Email Address of Counsel:	NA
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	NO.17BK328B-LTS
Nature of Claim: By: Signature	Promesa Titlestie
Print Name	Transcession Seda 500 500
Title (if Participant is r	
14 A 6051	1505 0
Date	

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### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc Pro se Notices of Participation Page 71 of 108

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any: Participant's Name: Participant's Address: Participant's Email Address: edwin come lic Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: NO. 17 BK 3283-LTS Claim Number: He cas to Doguments in the Plant Nature of Claim: Title (if Participant is not an individual)

Honce, P.R. 00728-2436 e. Hermondez Discovery Notice to the Court

United States District Court,

150 Ave. Corlos Chardon Ste. 150

San Juan, P.R. Ob918-1767

SAN JUAN PR 009

13 AUG 2021 PM 2

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Amparo García Salas
Participant's Address: 2 Calle Prolongacion, Set La Puntilla Cate
Participant's Email Address: ampara-gra ayahaa. Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 62025
Nature of Claim:
By: Signature Signature
Amparo García Salas
Print Name
Title (if Participant is not an individual)
Date

Sect La Prolongación Cataro, PR 10962

timparo García Jalas

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5 a 7 Juan, PR 00918-1767

United States District Cour 150 Ave Carlor (hardon Ste.150



## Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc: Pro se Notices of Participation Page 75 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	Emily 1/2 / m				
Participant's Name:	Maria H. Mateo Sa	utrago of Ca	rol d	t al	Warad. Na
Participant's Address:	M-14 Calle T.	Bernuldez	Villa	Ret	rosu
Participant's Email Address:	Sorta Isabel	Parts dil	3 00	257	
Name of Counsel:					
Address of Counsel:	* ************************************		5		1
Email Address of Counsel:		1		17	×
2. Participant's C	Claim number and the nature	of Participant's Cla	aim:		
Claim Number:	516 1 533	4		7071	
Nature of Claim:	Obligación		ASSE	AUG	<
By: Exercises A	Cours		NACT TO SE	0	⊕ **
Signature		k extron — n	PER.		Y
Francisco A Print Name	Varada Zajas		5.0	1	*1
N (a					
Title (if Participant is	not an individual)				
Date August 1	2/2021				

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# Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc: Pro se Notices of Participation Page 77 of 108

Participant must provide all of the information below in English:

1000	contact information, including email address, and that of its counsel,
if any:	
Participant's Name:	Fetra M. Conzalez Kuberte
Participant's Address:	507 Calle Aceitillo, Bo-Bucana/Los Caopos, Tonce, PROOM!
Participant's Email Addres	s: Petram Gonzales 1 Egmail-com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's	s Claim number and the nature of Participant's Claim:
Claim Number:	17BK 3283-LTS
Nature of Claim:	Romesa Title III (Jointly Administered
By: Fetro M. For	Letter Same of V
Letra M. Console:	Ruberte'
Print Name	- (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Title (if Participant	is not an individual)
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Date	

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Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc SRF 55335 Pro se Notices of Participation Page 79 of 108

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: AdeGNda Rod Mayez Dinz
Participant's Address: Union 83 Galarias Ponceñas Ponse, f
Participant's Email Address: Lendaarjes & hotmail. com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: IN Vestment \$15,000.00
Nature of Claim: Employee Ryined System
By: Jacon Cen Son 3 2
Signature 12 30 vam nov , 1201, et 190000 santen no no no , 1201 , 2 1202 de 1910
Adolinda Rodniquez DiAZ
Print Name
Title (if Participant is not an individual)
Cueg. 10 / 2021
Date ()

lindaarjes@hotmail.com Galerias Ponceñas Tel. 787-844-0740 Ponce, P.R 00730

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## Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc: Pro se Notices of Participation Page 81 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Rosael Gonzelez González
Participant's Address:	P.o. Box 1082 Villalbe, P.R.00766
Participant's Email Address:	flores doc 33 @ smail. Com
Name of Counsel:	NIA
Address of Counsel:	NIA
Email Address of Counsel:	NIA
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	#81640 et. al.
Nature of Claim:	Unpaid wages by gobernment of P.R.
By: Roscel Hon Signature	July Borgulary
Rosael Gon Print Name	Lâlez González 55
Title (if Participant is	not an individual)
August 13	, 2021

From: Rosael Gonzalez Gonzalez V.O. BOX 1082 Vinalba, P. 12.00766 PM 5: 49 LLAK'S OFFICE LDISTRICT COURT SAN JUAN, P.F.

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To "United States District Court,

Clerk's Office, 150 Ake.

Carlos Chardensteriso,

San Juan, V. R. 00918-1767

Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc Pro se Notices of Participation Page 83 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Rosael Gonzalez Gonzalez
Participant's Address:	P.O. BOX 1082 Vinalba, P.R. 00766
Participant's Email Address:	flores doc 33 @ Smail. com
Name of Counsel:	Nta
Address of Counsel:	NIA
Email Address of Counsel:	NIA
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	# 81640 et. al.
Nature of Claim:	Un paid wages by the government of R.R.
By: Rosal He Signature	molestinos ESTES ESTES
Rosael Gi	onzalez Gonzolez
Print Name	
Title (if Participant is	s not an individual)
August 1 Date	2,2021

Kasael González González Jilla I ba, P.R. Dorce 4.0. Box 1082

To: Uneted States District Court

Clerk's Office, 150 Ave.

Carlos Chardon Ste. 150

Jan Juan, P.R. 00918-1767

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### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc Pro se Notices of Participation Page 85 of 108

Participant must provide all of the information below in English:

1.

Date

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

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Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

Participant's Claim number and the nature of Participant's Claim:

Participant's Claim number and the nature of Participant's Claim:

Title (if Participant is not an individual)

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Withel State District Court
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#### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc Pro se Notices of Participation Page 87 of 108

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

San Juan PR 00921-4226 Alonso

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San Juan PR 00918-1767

150 Ave

Carlos Chardon Ste.

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#### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc Pro se Notices of Participation Page 89 of 108

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Hector Luis Negron Rivera Participant's Name: La Vega Calle C #70 Villalba P. R. 00766 Participant's Address: Participant's Email Address: hector nearon 5012 @ amail - com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: 152605 - payment of the government of P. Nature of Claim: By: Title (if Participant is not an individual)

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## Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc: Pro se Notices of Participation Page 91 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Sylvia Ortiz Olneda
Participant's Address: Urb Caguas Milenio 125 Calle Del Milenio Participant's Address:
Participant's Email Address: Sylviaortiz 2015 Egmail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: No. 17 BK 3283-LTS
Nature of Claim: The employees refivement system  By: which will be of the government of the Commonwealth of PR
Sylvial Offiz olmeda Print Name  Sylvial Offiz olmeda Print Name
Title (if Participant is not an individual)  August 12,2021  Date
The control of the co

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Parlos Charden St. 150 PR 00918-1767



### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc Pro se Notices of Participation Page 93 of 108

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if any

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if dify.					
Participant's Name:	Mirza I . Sot	o Vazquez	8		11
Participant's Address:	Calle 6 JJ-9		éricas	Bayar	nón
Participant's Email Address:	mittysoto 62 @	gmail.com			
Name of Counsel:					
Address of Counsel:					
Email Address of Counsel:					
Claim Number: Nature of Claim:	Claim number and the natural N	175			
By: Musical Mariante Signature  Mirza I. So  Print Name	to Vázquez		CLERK'S OFFICE U.S. DISTRICT COUR SAN JUAN, P.R	RECEIVED & FILE	
Title (if Participant is  August 11  Date	not an individual)			50	

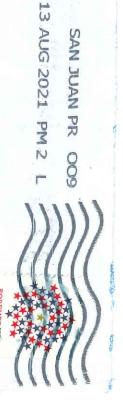
Bayamón P.R. 00959 Vazquez

Ave . Carlos Chardon Steriso

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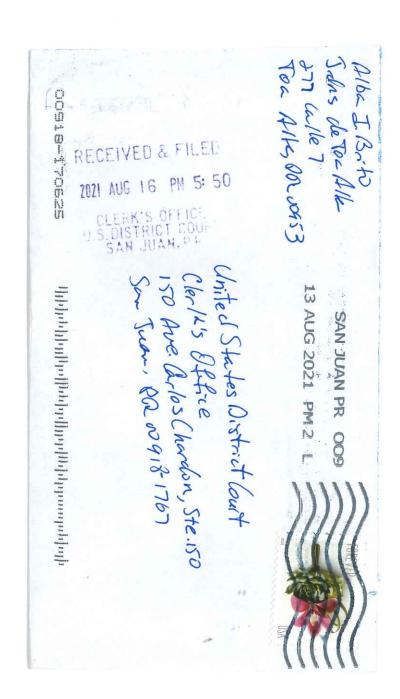
San Juan, P.R. 00918-1767



### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc: Pro se Notices of Participation Page 95 of 108

Participant must provide all of the information below in English:

if any:	ontact information, including email ad	dress, and that of its counsel,
Participant's Name:	Alba I. Brito B	orgen
Participant's Address:	Alba I. Brito B Ulib Jackines de Poa Alba,	277 Caller, BaAlk Of
Participant's Email Address:	1 1 1	COM
Name of Counsel:	1/4	2.1
Address of Counsel:		
Email Address of Counsel:	id al hilada.	
2. Participant's C	laim number and the nature of Particip	oant's Claim:
Claim Number:	23959	
Nature of Claim:	Pension/Retiree	REC 7001
By: Of But Brit	Burg	AN A
Signature	0	TRICO TRICO
Alba Brito	Borsen	200 2 % 100 2 %
Print Name		FILE FILE S. S. S.
Title (if Participant is a	not an individual)	
August 12	7021	
Date		



### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Pro se Notices of Participation Page 97 of 108

Participant must provide all of the information below in English:

1.

1. Participant's contact information, including email address, and that of its counsel,
Participant's Name: Lizbeth Colon Divieras
Participant's Address: Urb Est Sabana C/Palona 7080 Sabana Hoyor BR
Participant's Email Address: \izbethcdona gmail com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 63030
Nature of Claim: Rublic Employee and Pension Retired
By: Allans
Signature
Print Name
Print Name  Title (if Participant is not an individual)
Title (if Participant is not an individual)
8 12 2021 Date
Instructions for Filing N. 4. C.D. 4. C.D. 4.
HISH UCHORS FOR FILING NOTICE OF PARTICIPATION. It would are represented by council this Maties



### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Pro se Notices of Participation Page 99 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, if any: Elizabeth Rivera Rivera Urb. El Cortijo, calle 31 AE-8 Bayamon P.R.00954 Participant's Name: Participant's Address: Participant's Email Address: eVivera 2865@gmail.com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: NO.17BK 3283-LTS Claim Number: Nature of Claim: Title (if Participant is not an individual) 13 agasto de 3031

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CLERK'S OFFICE S.DISTRICT COUR SAN JUAN PE Cortijo calle 21 Bayamón, PuerTO Rico 0095%

SAN JUAN PR 009

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United States District court, Tlerk's Office, 150 Ave. Confos Chardon Ste. 150, San Juan, P.R.

### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc Pro se Notices of Participation Page 101 of 108

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

Participant's Name:

Participant's Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

N/A

Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

Dev 96 (Italio) 2003 - Ley 109 (Italio) 2008

By:

Limber Rodrigue

And M. Rivera Rodrigue

And M. Rivera Rodrigue

Print Name

N/A

Title (if Participant is not an individual)

Date

of Hown, Toa Baje P.D. 00949

Jai HEsece. Ja HEsece.

ed States District Court, 's office, 150 Ave. Corbs Chardon, 50, San Juan, P.R DO918-1767.

> SLEHK'S OFFICE SAH JUAH, P.E.

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#### Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc Pro se Notices of Participation Page 103 of 108

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

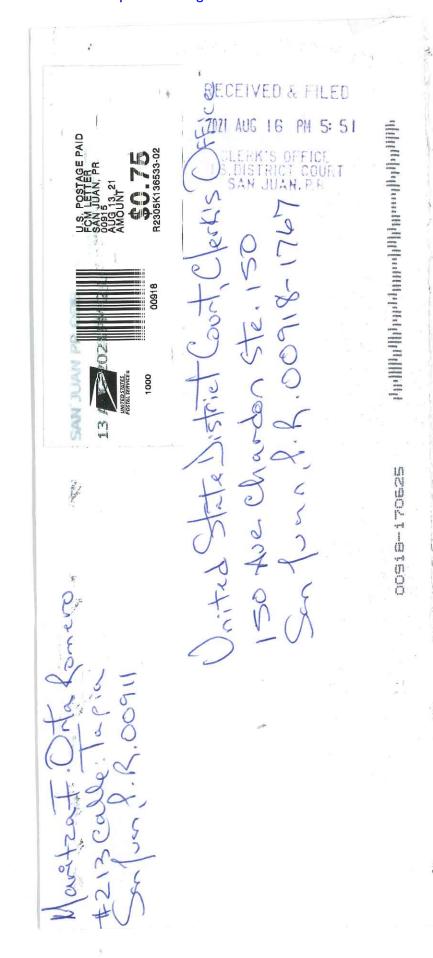
if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Signature Print Name Title (if Participant is not an individual)

Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Pro se Notices of Participation Page 104 of 108 Desc: Godyama P.ROO 784 H0-02 Box 4107 INTERIMENTAL PROPERTY SANDERS AND SECOND SEC 13 AUG 2021 PM 2 L SAN JUAN PR Ste. 150

# Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc: Pro se Notices of Participation Page 105 of 108

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that if any:	at of its counsel,
Participant's Name: Marita I. Dra Lone	ero
Participant's Address: #213 Calle Tagia, San	- P.R. 0071
Participant's Email Address: ORtamanetza@yahoo.com	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 25785	
Nature of Claim: hetico  By:	e employe
Signature	NEC SEC
Maritza I - Onta Romero	CEIVE
Print Name	ED &
Na	PSE # T
Title (if Participant is not an individual)	3月5日
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## Case:17-03283-LTS Doc#:17867-1 Filed:08/17/21 Entered:08/17/21 14:06:27 Desc: Pro se Notices of Participation Page 107 of 108

Participant must provide all of the information below in English:

if any:
Participant's Name: Francisca De Asis Rodriguez Rodrigue
Participant's Address: P.O. Box 335 Hormiqueros, BR 0066
Participant's Email Address: Juisantoniosi 142002 @ yahoo. Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17BK 3283 - LTS
Nature of Claim: A Jointly Administered
By: Signature John Soley of
Francisca De Asis Rodriguez Rodriguez Print Name
FIGURE 5
Title (if Participant is not an individual)
08/10/2021
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HORMINERS, D.A. 00660-



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